

BOOKSPREP. ORG

Tax Preparation • Bookkeeping • Payroll Support
IRS Authorized E-File Provider

CLIENT INFORMATION SHEET

TAXPAYER INFORMATION

Full Name: _____

SSN / ITIN: _____

Date of Birth: _____

Occupation: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

SPOUSE INFORMATION (If Applicable)

Full Name: _____

SSN / ITIN: _____

Date of Birth: _____

Occupation: _____

Phone: _____

Email: _____

FILING STATUS

- Single
 - Married Filing Jointly
 - Married Filing Separately
 - Head of Household
 - Qualifying Surviving Spouse
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DEPENDENT INFORMATION

Name	DOB	SSN	Relationship	Months Lived With You

HEALTH INSURANCE

- Employer Provided
- Marketplace (1095-A)
- Medicaid / Apple Health
- No Coverage

BANK INFORMATION (For Direct Deposit)

Bank Name: _____

Routing Number: _____

Account Number: _____

- Checking
- Savings

SIGNATURE

I certify that the information provided is true and complete.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____